

The Commonwealth of Massachusetts Executive Office of Public Safety and Security Department of Fire Services



P.O. Box 1025 ~ State Road

Stow, Massachusetts 01775 (978) 567~3100 Fax: (978) 567~3199

Barge Application for Marine Fueling Permit (527 CMR 15.00)

For the lawful keeping, handling, or transporting for resale of flammable and combustible liquids within the harbors or on other waters of the Commonwealth. Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws and 527 Code of Massachusetts Regulations, for a permit authorizing the "Keeping, Handling and Transportation of Flammable and Combustible Liquids and the Disposition of Crude Petroleum or any of its Products in Harbors or Other Waters of the Commonwealth."

Application for Permit is hereby made in accordance with calendar year by:	n 527 Code of Massachusetts Regulation	ons (CMR) 15.04 for the
NAME OF BUSINESS:		
Full 1	Name of Firm, Corporation, Person	
APPROVED PRODUCT TRANSFER SITES	OVED PRODUCT TRANSFER SITES CELL PHONE	
() Check here and attach a separate piece	e of paper labeled "B1" if additional sp	pace is required.
BUSINESS MAILING ADDRESS		
	Street Number / P.O. Box	
City/Town	Zip code	
BUSINESS TELEPHONE		
BUSINESS EMAIL		
NAME OF OWNER		
ADDRESS OF OWNER	OWNER TELEPHONE _	
FORMER OWNER IF THIS IS A NEW BUSINESS		
FORMER MAILING ADDRESS:		
Street Number / P.	O. Box City/Town	Zip code
RESPONSIBLE PARTY OPERATING THIS BUSINES	SS	
I have read and understand the provisions of 527 C	Code of Massachusetts Regulations (Cl	MR) 15.00. Yes () No ()
Facility is FUEL BARGE () OR FUEL V	ESSEL ()	
Facility is YEAR ROUND () SEASONAL	(), if seasonal please include dates	s of operation
Facility is NEW () RENEWAL (), if ren	newal please provide previous year's N	MF Permit #
Flammable/Combustible Liquid to be dispensed is	s: Class I () Class II () Class	III ()

All dispensing nozzles have the latch open devices defeated:		Yes () No ()
Approved fuel hoses are product resistant, reinforce with no single length in excess of thirty (30) feet: If no explain:	-	Yes () No ()
I intend to fuel during the hours of darkness: If yes, list hours that you intend to fuel during dark	ness	Yes () No ()
I have Night lighting:		Yes () No ()
I hereby attest that the following individual Supervisor(s) and are responsible employee handling of flammable and combustible liquids and the operation, mechanics a combustible liquids and the fueling of vesses.	s who I have trained and consider to buids and are familiar with and understand hazards inherent to the handling o	be competent in the tand the contents of 527
Name	Address	Date of Birth
Name	Address	Date of Birth
Name	Address	Date of Birth
() Check here and attach a separate	e piece of paper labeled "B2" if additional sp	pace is required.
FUEL BARGE or FUEL VESSEL List each fuel barge of fuel vessel.	4	
BARGE OR VESSEL NAME:		
Documentation Number:	ee of paper labeled "B3" if additional space is	s required.
Approved product transfer (fueling) sites: () Check here and attach a separate piece	te of paper labeled "B4" if additional space is	s required.
BARGE OR VESSEL NAME:		
Documentation Number: () Check here and attach a separate piece	re of paper labeled "B5" if additional space is	s required.
Approved product transfer (fueling) sites: () Check here and attach a separate piece	te of paper labeled "B6" if additional space is	s required.

Approved Mooring Sites: () Check here and attach a separate piece of paper labeled "B7" if additional space is required. You must include a photocopy of the United States Coast Guard Certificate of Inspection and Harbormaster approval for each fuel barge or fuel vessel. I hereby certify under the penalties of perjury that (1) to the best of my knowledge and belief the above statements and attachments are true and accurate, (2) this application is made upon the express condition that any and all other applicable authorizations necessary have been secured and (3) I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law. (Authority: Chapter 62C, s. 49A, MGL as amended by Chapter 233, Acts of 1983). **Print Name:** _____ Social Security or Federal Employee Identification Number of the Business: Signature of Applicant: FIRE DEPARTMENT NOTIFICATION AND APPROVAL I certify that I have inspected or caused to be inspected the above fueling facility (sites) and found them to comply with the Provisions of 527 CMR 15.00. I am directing that the following restrictions shall apply: () Check here and attach a separate piece of paper labeled "B8" if additional space is required. Head of Fire Department (or Designee) Signature: _____ _____ Date: _____

Print name of Head of Fire Department or Designee and name of Fire Department

The Harbormaster shall describe and approved in writing each fueling site.

A Guide to the Application for a Marine Fuel Permit for a Barge or Vessel

(527 CMR 15.00 and M.G.L. c. 148)

Secure, read and understand 527 Code of Massachusetts Regulations (CMR) 15.00. This regulation is available from the State House Book Store, Public Document Room 116, Boston, MA 02133 (Telephone 617-727-2834), and an *unofficial* copy on the DFS website at www.state.ma.us/dfs.

Application for a Marine Fueling Permit is made on Fire Prevention Form, FP-293B (Revised 8/2011).

This application may be obtained from the Division of Fire Safety, P.O. Box 1025, Stow, MA 01775, from your local fire department, or on the DFS website at www.state.ma.us/dfs. The application may be photocopied, provided that all signatures are originals.

- □ All applicants must read the regulation.
- □ One application per city, town, or fire district.
- □ Fire Department Notification and Approval must be completed and signed by the head of the fire department or his/her designee within the jurisdiction of the fuel transfer. By this signature, the fire department is certifying that they have knowledge of the transfer of fuel, the site is in compliance with the regulation and any local restrictions are included in the terms and conditions of the permit. All permit applications must be signed by the fire department.
- □ **FUEL BARGE or FUEL VESSELL section** must be completed, after reading 527 CMR 15.00, by those applicants seeking to use a **Fuel Barge or Fuel Vessel** to transfer fuel to a marine craft. The following documents must also be attached: copies of the vessel's **US Coast Guard Certificate of Inspection**, and **a letter from the Harbor Master** in whose jurisdiction the vessel is legally moored.

For each city, town of fire district, YOU must forward a completed application with all of the appropriate documents listed above, with a check or money order for \$100.00 made payable to the Commonwealth of Massachusetts, to the Division of Fire Safety, ATTN: Marine Fueling Permit, P.O. Box 1025, State Road, Stow, MA 01775, on or before the expiration date (December 31 of the year issued).

All incomplete applications for permits will be returned to the applicant. Any delay in the issuance of a permit, due to an incomplete filing, will be the sole responsibility of the applicant, and could result in civil and/or criminal penalties pursuant to 527 CMR 15.00.